### U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL VETERINARY SERVICES LABORATORIES P.O. BOX 844 1800 DAYTON AVENUE AMES, IOWA 50010

(515) 663-7212

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See instructions for completing VS FORM 10-4 for definitions (Item 12) and instructions for identification (Item 20)

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PAGE

# SPECIMEN SUBMISSION

		For add	litional help comp	oleting the form press F1			
1. NAME OF Matheson, Tr	SUBMITTER avis C.		2. NAME OF OWNER Cooprider, John B.				
MAILING AI	DDRESS		CITY	STATE			
693 Everson				Calsville	CO		
Dabnerstow	n, CO 97777						
			3. LOCATION OF ANIMALS				
				COUNTY	STATE		
Phone No.	FAX No			Baylor	CO		
909-874-2351	909-874-6	852					
	METHOD ("X" applicable item an		□MC/VIS.	A NO:	EXP DATE:		
	NEY ORDER ENCLOSED (Make payab	la to "IJCDA" in IJ C. Dollara)					
					A COLLECT	ED DI	,
5. HERD/FLC 243	JCK SIZE	8. EXAMINATIONS REQ	UESTED		9. COLLECTED BY		
243		CWD			Matheson, Travis C.		
	RD/FLOCK AFFECTED				10. DATE COLLECTED		
3					08/22/2004		
	RD/FLOCK DEAD				11. AUTHORIZED BY		
3					Johsnon, Johnny	J.	
12. PURPOSE	E OF SUBMISSION ("X" one) (Se	ee instructions for definitions	s)		13. COUNTY OF ORIGIN/DESTINATION		
_	<u>_</u>	<u>_</u>	<u>_</u>		U.S.		
☑ General Diag	nostic Surveillance	☐ Import					
☐ FAD/EP Diag	gnostic Developmental R	tesearch	Movement		14. REFERRAL NUMBER		
_ IND/EI Ding	gnostic Developmental is	Export	•		04COTCM		
☐ NVSL: Intral		ion TB					
15. PRESERV	ATION ("X") applicable item(s)						
□ None □ Id	ce Pack Dry Ice Formalin	□Borax □Alcohol □	Other (specify)				
16. SPECIME	EN SUBMITTED ("X" applicable	item (s) )	(4)		17. TOTAL N	UMBE	ER OF
					SPECIMENS SUBMITTED		
∐ Blood ∐ I	Feces Parasite Serum Tis	sue Whole Bird	Other (specify)		2		
☐ Culture ☐ 1	Feed Plant Soil Urin	ne					
Extract   1		er			40 1111		
18. SPECIES	OR SOURCE ("X" one)				19. NUMBER OF ANIMALS SAMPLED		
☐ Cattle ☐ G	Goat Environment Chic	ken Bison Deer D	Other (specify)		2		
			•		_		
☐ Swine ☐ H	Horse Reagent Turk	ey 🔲 Dog 🖾 Elk					
☐ Sheep ☐ □	Oonkey Pet I	Bird □ Cat □ Fish					
	•			The state of the s	/G · · ·	,	
	20. IDENTIFICATION (SEE INS		Come 1. ID	IDENTIFICATION (See instructions)			
Sample ID	Animal ID/Breed	Age Sex	Sample ID	Animal ID/Breed		Age	Sex
1	J47196231 Tule	6 y M					
	<b>V.E.</b>	-					
2	J47196289 Tule	5 y M	1				
					İ		
21. ADDITION	AL DATA (History, clinical signs, post m	nortem findings, remarks, tentative					
additional sheets							
	lead. Both very thin and missing patches x, tonsils and lymph nodes	of hair.					
specimens, one	a, conono ana rymph nodes						
22 SIGNATI	JRE OF SUBMITTER AND DAT	Ţ.	1				
	son 08/22/2004						
	,,						
	NVSL USI	j					
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY				
				NV	SL ACCESSION N	Ю	

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# SPECIMEN SUBMISSION

	For add	leting the form press F1					
1. NAME OF SUBMITTER	2. NAME OF OWNER						
Matheson, Travis C.	McDonough, Ralph D.						
MAILING ADDRESS	CITY	STATE					
693 Everson Lane			Townston	СО			
Dabnerstown, CO 97777							
				ON OF ANIMAL	LS		
			COUNTY Baylor	STATE CO			
<b>Phone No. FAX No</b> 909-874-2351 909-874-	6852						
4.PAYMENT METHOD ("X" applicable item a  ☐ USER FEE ACCOUNT NO:		□MC/VISA	A NO:		EXP DATE:		
☐ CHECK/MONEY ORDER ENCLOSED (Make paya	ble to "USDA" in U.S. Dollars)						
5. HERD/FLOCK SIZE 322	8. EXAMINATIONS REQ		9. COLLECTED BY Matheson, Travis C.				
6. NO. IN HERD/FLOCK AFFECTED 4	-		10. DATE COLLECTED 06/01/2004				
7. NO. IN HERD/FLOCK DEAD 1	-			11. AUTHORIZED BY Johsnon, Johnny J.			
12. PURPOSE OF SUBMISSION ("X" one) (S	loo instructions for Joffinition	<u> </u>		12 COLINITY	OF OP	CIN/DECTINATION	
☐ General Diagnostic ☐ Surveillance		∫ Interstate		13. COUNTY OF ORIGIN/DESTINATION U.S.			
-	☐ Import	Movement		14. REFERRAL NUMBER			
☐ FAD/EP Diagnostic ☐ Developmental	Research			04COTCM			
☐ NVSL: Intralab Diagnostic ☐ Reagent Evaluation    15. PRESERVATION ("X") applicable item(s							
· · · · · · · · · · · · · · · · · · ·		24 ( '6)					
□ None □ Ice Pack □ Dry Ice ☑ Formalin  16. SPECIMEN SUBMITTED ("X" applicable		Other (specify)		17. TOTAL NUMBER OF			
		SPECIMENS					
☐ Blood ☐ Feces ☐ Parasite ☐ Serum ☐ Ti	Other (specify)		5				
☐ Culture ☐ Feed ☐ Plant ☐ Soil ☐ U							
☐ Extract ☐ Milk ☐ Semen ☐ Swab ☐ W	nter						
18. SPECIES OR SOURCE ("X" one)				19. NUMBER OF ANIMALS			
☐ Cattle ☐ Goat ☐ Environment ☐ Chi	cken Bison Deer D	Other (specify)		SAMPLED			
		2					
Swine Horse Reagent Tu	key 🗌 Dog 🔲 Elk						
☐ Sheep ☐ Donkey ☐ Pet	Bird Cat Fish	T					
20. IDENTIFICATION (SEE IN	STRUCTIONS)	<b>IDENTIFICATION</b> (See instructions)					
Sample ID Animal ID/Breed	Age Sex	Sample ID	Animal ID/Breed		Age	Sex	
1 CO56238974 WD	4 y F						
2 CO56238974 WD	4 y F						
3 CO56238974 WD	4 y F						
4 CO56238906 WD	3 y M						
5 CO56238906 WD	3 y M						
<b>21. ADDITIONAL DATA</b> (History, clinical signs, post additional sheets if necessary)							
4 yr old female deer found dead in water source. 3 yr o							
condition. Three other animals observed with wide stand Specimens: Brain, tonsils, lymp nodes							
22. SIGNATURE OF SUBMITTER AND DATE Travis C. Matheson 06/01/2004							
LIGHTO C. SILBOROOM VO/VI/2007							
NVSL US							
CONDITION PRIORITY	DISTRIBUTION	RECEIVED BY					
			NY	SL ACCESSION N	0		
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### U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL VETERINARY SERVICES LABORATORIES P.O. BOX 844 1800 DAYTON AVENUE AMES, IOWA 50010 (515) 663-7212

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OF.

# SPECIMEN SUBMISSION

For additional help completing the form, select a field and press F1

1. NAME OF SUBMITTER, Roberts, Steven R					2. NAME OF OWNER  Spotsell, Clay CITY   STATE					
MAILING ADDRESS						CITY	TTY STATE			
						WINSIRE WI				
						3. LOC	ATION OF ANIMALS			
						COUNTY	STATE			
Phone No. <b>839 744 -</b>	2291	FAX No	Wu. 23.	02		Xavier	u	エ		
Phone No. <b>839 744</b> -  4 PAYMENT N  USER FEE AC	METHOD ("X" COUNT NO:	' applicable item	and provide in	formation)	□MC/VIS		EXP DATE:			
☐ CHECK/MONI	EY ORDER ENC	LOSED (Make pa	yable to "USDA"	in U.S. Dollars)				,		
5. HERD/FLOO	CK SIZE		8. EXAM	INATIONS REC	QUESTED		9. COLLE	9. COLLECTED BY		
396 CWD				Sm. 4h, Jean 10. DATE COLLECTED						
6. NO. IN HER		FECTED					03/11/2003			
Ø	7						03/	003		
7. NO. IN HER	D/FLOCK DE	AD				11. AUTHORIZED BY				
12	8						6. 1		000	
<u> </u>		ION ("X" one)	(See instruction	ns for definitions	e)	Sanderson, M			IGIN/DESTINATION	
			(See mon deno							
General Diagno	ostic	Surveillance		☐ Import	t Interstate Movement			U.S.  14. REFERRAL NUMBER		
☐ FAD/EP Diagno	ostic	□ Development	al Research	☐ Expor	t					
□ NVSL: Intralab	Diagnostic	☐ Reagent Eva	luation	□тв			03 WI T3			
15. PRESERVA								•		
None I Ice	Pack Dry	y Ice Formali	n Borax	Alcohol	Other (specify)		17 TOTA	L NUMBE	P OF	
□ None     □ Ice Pack     □ Dry Ice     Formalin     □ Borax     □ Alcohol     □ Other (specify)       16. SPECIMEN SUBMITTED ("X" applicable item (s) )       □ Blood     □ Feces     □ Parasite     □ Serum     □ Tissue     □ Whole Bird     □ Other (specify)								NS SUBM		
□ Culture □ Feed □ Plant □ Soil □ Urine □ Fetus										
☐ Extract ☐ Milk ☐ Semen ☐ Swab ☐ Water  18. SPECIES OR SOURCE ("X" one)						19. NUMBER OF ANIMALS SAMPLED				
☐ Cattle ☐ Goa	at 🗀 Envi	ironment 🔲 C	hicken 🔲 B	ison 🗆 Deer 🗆	Other (specify)					
☐ Swine ☐ Horse ☐ Reagent ☐ Turkey ☐ Dog 🗡 Elk						÷	1	4		
Sheep Don	nkey		et Bird 🔲 🤆	lat 🔲 Fish				<u> </u>		
20	0, IDENTIFIC	ATION (SEE I	NSTRUCTION	S)		IDENTIFICAT	ION (See instruct	ions)		
Sample ID		ID/Breed	Age	Sex	Sample ID	Animal ID/Br	Sex			
	5C147	01 Tul	1 64	M	6	3C 19841	Tule	74	F	
2	SC 147	702 Tul		m	7	SC 19837	Tule	74	M	
3	50 14	203 Tul	.   •	M	0	50 19373	Tule	64	m	
4	SC 16:	332 Tul		m	9	Se 19802	Tule	74	M	
5		341 Tul.	1	m	10	SC 19 409	Tule	34	F	
	L DATA (History	, clinical signs, po	st mortem finding	s, remarks, tentative						
Healthy Animals Sent for Slaushter										
tionities 11.										
SIGNATUR	RE OF SUBMI	TTER	4 1	,	DATE					
Stev	um 0	T. CK	bent	, 3/12	1/2003					
NVSL USE ONLY  CONDITION   PRIORITY   DISTRIBUTION   RECEIVED BY										
COMMITTED DISTRIBUTION RECEIVED DI										
					NVSL ACCESSION NO					

Public reporting burden for this collection of information is estimated to average .066 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM Room 404-W Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 2053.

FORM APPROVED OMB NO. 0579-0090

N	U.S DEPARTMENT OF AGRICULU' NIMAL AND PLANT HEALTH INSPECTIO IATIONAL VETERINARY SERVICES LABO AMES, IOWA 50010 FINUATION SHEET FOR SPECIMEN	ON SERVICE ORATORIES	INSTRUCT continuation  For addition select a field	2	of <b>2</b>			
Rober City Wins	OWNER/BROKER (Last, First, MI)  +5, Steven R.  STATE	0.20	13. REFERRAL NUMBER  03wIJS					
		9888.	IDENTIFICATION					
21.	IDENTIFICATION							
Sample ID	Animal ID/Breed	AGE	SEX	Sample ID	Animal ID/Breed	AGE .	SEX	
	SC 48935 Tule	64	M					
12	5c 59344 Tule	54	F					
13	SC 59341 Tule	54	F					
14	5C 59340 Tule	1 5	m					
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VS FORM 10-								
TO TORUM YOU	• • •							